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**TRANSMITTAL
FORM**

AUG 04 2006

(to be used for correspondence after initial filing)

Application Number	10/672,016
Filing Date	September 25, 2003
First Named Inventor	Suzanne K. Melges
Art Unit	1734
Examiner Name	George R. Koch
Attorney Docket Number	4330/3 US

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition for Revival of an Application for Patent Abandoned Unintentionally under 37 CFR 1.137(b) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Postcard Receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Check for \$750.00 for small entity Petition fee <input checked="" type="checkbox"/> Substitute Power of Attorney and Change of Correspondence
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-0930. A duplicate copy of this sheet is enclosed.		

CALCULATION OF FEE

Small Entity

Large Entity

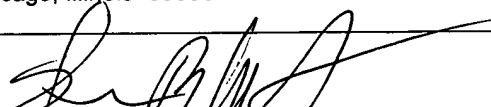
	Claims After Amendment		Highest No. Previously Paid For	Present Extra
Total		Minus	(20)	0
Indep.		Minus	(3)	0
First Presentation of Multiple Dep. Claim				

Rate	Add'l Fee
x \$25=	0
x \$100=	0
+ \$180=	--

or

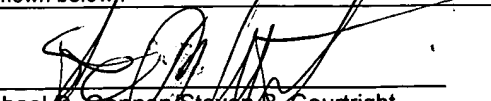
Rate	Add'l Fee
x \$50=	
x \$200=	
+ \$360=	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael D. Gannon, Reg. No. 36,807 Steven B. Courtright, Reg. No. 40,966 Attorney/Agent for Applicant BANIAK, PINE, AND GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature		Date	August 4, 2006

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, under Express Label No. EV 498 081 347 US, on the date shown below.

Signature		Date:	August 4, 2006
Michael D. Gannon/Steven B. Courtright			